



Age 0-6 years Immunizations

VACCINE	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	2-3 years	4-6 years
Hepatitis B (HepB)	✓	✓				✓				
Rotavirus (RV)			✓	✓	✓					
Diphtheria, Tetanus, Pertussis (DTap)			✓	✓	✓		✓			✓
Haemophilus influenzae b (Hib)			✓	✓	✓	✓				
Pneumococcal (PCV)			✓	✓	✓	✓				
Inactivated Poliovirus (IPV)			✓	✓		✓				✓
Influenza (TIV or LAIV) - Annually after 6 mo.										
Measles, Mumps, Rubella (MMR)						✓				✓
Varicella (VAR)						✓				✓
Hepatitis A (HepA)						✓		✓		

Please consult your doctor to determine if this schedule is appropriate for your child.
Additional information is available at <http://www.cdc.gov/vaccines/recs/schedules/>

Adolescent & Adult Immunizations

VACCINE	7-10 years	11-12 years	13-18 years	19-26 years	27-49 years	50-59 years	60-64 years	65 & older	
Tetanus, Diphtheria, Pertussis (Tdap/Td)		✓		1-time dose of Tdap for Td booster then boost with Td every 10 yrs					Td every 10 yrs
Human papillomavirus (HPV) - Females Only		✓	3 doses						
Meningococcal (MCV or MPSV)		✓							
Varicella (VAR)				✓	2 doses if no history of immunity				
Zoster (Zos)							✓		
Influenza (TIV or LAIV) - Annually									
Pneumococcal (PPSV)								✓	

Please consult your doctor to review your vaccination history and unique risk factors to determine which vaccines are appropriate for you.
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